## PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

99-S-

(850063.564)

First Inventor or Application Identifier

**Anthony Fung** 

NETWORK STATION MANAGEMENT SYSTEM AND METHOD

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| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                         |                                           | ADDRESS TO:  Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231 |                                                                    |                                                                         |                       |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | General Authorization Form & Fee Tra<br>(Submit an original and a duplicate for fee proce                                                                                                                                                                                               | 6. Microfiche Computer Program (Appendix) |                                                                                               |                                                                    |                                                                         |                       |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X Specification [Total Pages] (preferred arrangement set forth below)                                                                                                                                                                                                                   | 34                                        |                                                                                               | leotide and Amir<br>pplicable, all necess                          | no Acid Sequence Su<br>ary)                                             | ıbmission             |
| The first of the f | <ul> <li>Descriptive Title of the Invention</li> <li>Cross References to Related Applications</li> <li>Statement Regarding Fed sponsored R &amp; D</li> <li>Reference to Microfiche Appendix</li> <li>Background of the Invention</li> </ul>                                            |                                           | a<br>b<br>c                                                                                   | _                                                                  | adable Copy<br>dentical to computer<br>rifying identity of abo          |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Brief Summary of the Invention                                                                                                                                                                                                                                                        |                                           | ACC                                                                                           | OMPANYING A                                                        | APPLICATION PA                                                          | RTS                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul> <li>Brief Description of the Drawings (if filed)</li> <li>Detailed Description</li> <li>Claim(s)</li> <li>Abstract of the Disclosure</li> </ul>                                                                                                                                    |                                           |                                                                                               | Assignment Pap<br>37 CFR 3.73(b) State<br>(when there is an assign |                                                                         | ument(s)) of Attorney |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X Drawing(s) (35 USC 113) [Total Sheets]                                                                                                                                                                                                                                                | 4                                         | 10.                                                                                           | English Translati                                                  | on Document (if app                                                     | licable)              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Oath or Declaration [Total Pages]                                                                                                                                                                                                                                                       |                                           |                                                                                               | Information Disclosu<br>Statement (IDS)/PT0                        |                                                                         |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a. Newly executed (original or copy)  b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)  i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application,                                  |                                           | 12.                                                                                           | Preliminary Ame                                                    | ndment                                                                  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                         |                                           | 13. <b>X</b>                                                                                  | Return Receipt F                                                   | Postcard                                                                | ,                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                         |                                           | 14.                                                                                           | Small Entity Statement(s)  Certified Copy of                       | Statement filed in prior Status still proper and of Priority Document(s | desired               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | see 37 CFR 1.63(d)(2) and 1.33 Incorporation By Reference (useable if box 4b is The entire disclosure of the prior application, fror copy of the oath or declaration is supplied under is considered to be part of the disclosure of the accompanying application and is hereby incorpo | m which a Box 4b,                         | J <u>'</u>                                                                                    | (if foreign priority is clair Other: <u>Certificat</u>             | ned)<br>e of Express Mail                                               |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | reference therein.                                                                                                                                                                                                                                                                      |                                           |                                                                                               |                                                                    |                                                                         |                       |
| 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | If a CONTINUING APPLICATION, check appropri                                                                                                                                                                                                                                             | iate box and s                            | upply the requisite                                                                           | e information below an                                             | d in a preliminary amendme                                              | nt                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Continuation Divisional Cor                                                                                                                                                                                                                                                             | Part (CIP)                                | of prior Application N                                                                        | o.:                                                                | <del></del>                                                             |                       |
| Prior application information: Examiner Group / Art Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                         |                                           |                                                                                               |                                                                    |                                                                         |                       |
| Claims the benefit of Provisional Application No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                         |                                           |                                                                                               |                                                                    |                                                                         |                       |
| CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                         |                                           |                                                                                               |                                                                    |                                                                         |                       |
| Lisa K. Jorgenson, Esq. STMicroelectronics, Inc. 1310 Electronics Drive Carrollton, Texas 75006-5039 (972) 466-7414 phone (972) 466-7044 fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                         |                                           |                                                                                               |                                                                    |                                                                         |                       |
| Respectfully submitted,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                         |                                           |                                                                                               |                                                                    |                                                                         |                       |
| TYPED or PRINTED NAME E. Russell Tarleton REGISTRATION NO. 31,800  SIGNATURE E RUSSELL Tarleton Date Let. 15, 1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                         |                                           |                                                                                               |                                                                    |                                                                         |                       |
| SIGNATURE E-Rusull Factor Date Date 15, 1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                         |                                           |                                                                                               |                                                                    |                                                                         |                       |

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Anthony Fung, Peter Groz, Danny Hui, Harry Hvostov, and Bernard

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For : NETWORK STATION MANAGEMENT SYSTEM AND METHOD

Docket No.

99-S-135 (850063.564)

Date

December 15, 1999

Box Patent Application Assistant Commissioner for Patents Washington, DC 20231

## CERTIFICATE OF MAILING BY "EXPRESS MAIL"

## **Assistant Commissioner for Patents:**

I hereby certify that the enclosures listed below are being deposited with the United States Postal Service "EXPRESS MAIL Post Office to Addressee" service under 37 C.F.R. § 1.10, Mailing Label Certificate No. EL427974409US, on December 15, 1999, addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, DC 20231.

Respectfully submitted,

SEED AND BERRY LLP

ERT:asl

**Enclosures:** 

Postcard

Form PTO/SB/05

Specification, Claims, Abstract (34 pages)

4 Sheets of Drawings (Figures 1-5)

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